

# 2015 APPEAL FORM - Appeal Deadline is 07/13/2015

DeKalb County Property Appraisal Department  
120 West Trinity Place  
Decatur, GA 30030

|   |   |
|---|---|
| Parcel/Property ID Number:  |   |
| Property Address:   |   |
| Owner Name:   |   |
| Email Address:  |   |
| Daytime Phone Number:   |   |
| Are you the Owner or an Agent:  |   |
| Current 2015 Value:   |   |
| Taxpayer's Estimate of Value:   |   |
| Rental property? Yes or No  |   |
| If yes, what is the monthly rent?   |   |
| Purchase Date and Price if after Jan 1, 2015:   |   |
| Please indicate the avenue of appeal you are requesting. You may select only ONE:   |   |
| BOARD OF EQUALIZATION _____   | (Free)  |
| BINDING ARBITRATION _____   | (Additional Fees will be required)  |
| HEARING OFFICER _____   | Properties over \$1 Million, no Homestead Exemption, Add'l Fees will be required) |
| Please read the Temporary Billing Value document. If you do not specify to us your preference, we will use Option 1. (Please pick one) Option 1 _____ or Option 2 _____ |   |
| What is the basis of your appeal? (Circle all that apply)   |   |
| Taxability      Uniformity of Assessment      Value      Exemption Denial   |   |
| Comments (attach additional sheets as necessary):   |   |
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|   |   |
|   |   |
|   |   |
|   |   |

(Signature)

(Date)